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PTO/SB/17 (01-08)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$4,435

Complete if Known	
Application Number	09/757,435
Filing Date	01/10/01
First Named Inventor	Brian S. KIM
Examiner Name	LY, Anh
Art Unit	2172
Attorney Docket No.	159569-0004

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 09-0946	Deposit Account Name: Irell & Manella LLP		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)	under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments		

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
58	- 20 or HP = 163	x 0	= 4075	50	25
				200	100
				360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
4	- 3 or HP = 0	x 0	= 0	Fee (\$)	Fee Paid (\$)
				180	180

HP = highest number of total claims paid for, if greater than 20.

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	Small Entity	
					Fee (\$)	Fee Paid (\$)
- 100 =	/ 60 =	(round up to a whole number)	x	= 0		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 60 =	(round up to a whole number)	x	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS fee under 37 CFR 1.17(p)

Fee Paid (\$)
0

SUBMITTED BY

Signature	/Norman E. Brunell Reg. #26533/	Registration No. (Attorney/Agent)	26533	Telephone	(310) 277-1010
Name (Print/Type)	Norman E. Brunell Reg. #26533			Date	05/15/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1 including gathering, preparing, and submitting the completed application form to the USPTO. 1 on the amount of time you require to complete this form and/or suggestions for reducing this burden. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1 ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1 If you need assistance in completing the form, call 1-800

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MAY 15 2006

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VIA FACSIMILE

Facsimile No.: 1 571 273 8300

To: Central Fax

Company: USPTO - Central Fax

From: Rachele Wittwer

No. of Pages: 54
(including cover page)

Re: App. No. 09/757,435 Filed 01/10/2001

To Examiner LY, Anh - Art Unit 2172

Attached is a courtesy copy of the documents filed via Express Mail (EV 330866401 US) on May 15, 2006:

1. Transmittal Form;
2. Fee sheet;
3. Supplemental Response to Office Action, with Exhibits A-D;
4. Information Disclosure Statement;
5. PTO/SB/08A

Thank you.

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/757,435
Filing Date	01/10/01
First Named Inventor	Brian S. KIM
Art Unit	2172
Examiner Name	LY, Anh
Attorney Docket Number	159569-0004

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ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Supplemental Amendment/Reply, 17 pgs., with Exhibit A, 15 pgs; Exhibit B, 3 pgs.; Exhibit C, 4 pgs.; Exhibit D, 4 pgs.	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s):
	<input type="checkbox"/> Terminal Disclaimer	
	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
Remarks		

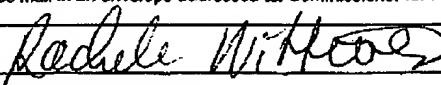
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Irell & Manella LLP - Customer No. 29000		
Signature	/Norman E. Brunell Reg. #26533/		
Printed name	Norman E. Brunell Reg. #26533		
Date	05/15/06	Reg. No.	26,533

CERTIFICATE OF TRANSMISSION/MAILING

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EV 330 866 401 US

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Signature			
Typed or printed name	Rachele Wittwer	Date	05/15/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.1 gathering, preparing, and submitting the completed application form to the USPTO. Time will be required to gather, prepare, and submit the completed application form to the USPTO. Time will be required to complete this form and/or suggestions for reducing this burden. TRADMARK OFFICE, U.S. DEPARTMENT OF COMMERCE, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450. ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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